



CITY OF NORTH ADAMS, MASSACHUSETTS

EMPLOYMENT APPLICATION

APPLICANT INFORMATION																	
Last name						First				M.I.				Date			
Street address									Apartment/Unit #								
City						State						Zip					
Phone						E-mail address											
Date available				Are you 18 or older?		Yes <input type="checkbox"/>		No <input type="checkbox"/>		If you are not over 18, please provide DOB							
Position applied for						Desired salary											
Have you ever worked for the city?				Yes <input type="checkbox"/>		No <input type="checkbox"/>		If so, when?									

EDUCATION																	
High School						Address											
From				To				Did you graduate?		Yes <input type="checkbox"/>		No <input type="checkbox"/>		Degree/major/field of study			
College						Address											
From				To				Did you graduate?		Yes <input type="checkbox"/>		No <input type="checkbox"/>		Degree/major/field of study			
Other						Address											
From				To				Did you graduate?		Yes <input type="checkbox"/>		No <input type="checkbox"/>		Degree/major/field of study			

EMPLOYMENT HISTORY – Please provide details of your three most recent jobs															
Company								Phone							
Address								Supervisor							
Job title						Starting salary		\$				Ending salary		\$	
Responsibilities															
From				To				Reason for leaving							
May we contact your previous supervisor for a reference?												Yes <input type="checkbox"/>		No <input type="checkbox"/>	

EMPLOYMENT HISTORY <i>continued</i>									
Company						Phone			
Address						Supervisor			
Job title				Starting salary		\$		Ending salary	
								\$	
Responsibilities									
From				To				Reason for leaving	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Company						Phone			
Address						Supervisor			
Job title				Starting salary		\$		Ending salary	
								\$	
Responsibilities									
From				To				Reason for leaving	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>									

REFERENCES - <i>Please provide three professional references</i>							
Full name				Relationship			
Company				Phone			
Address							
Full name				Relationship			
Company				Phone			
Address							
Full name				Relationship			
Company				Phone			
Address							

MILITARY SERVICE											
Branch				From				To			
Rank at discharge				Type of discharge							
If other than honorable, explain											

DISCLAIMER, CERTIFICATION, AND SIGNATURE			
<p>The City of North Adams is committed to a policy of Affirmative Action in providing equal employment opportunities to all City employees and applicants for employment.</p> <p>I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>			
Signature			Date